

UNITED STALES DEPARTMENT OF COMMERCE Patent and Trademark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

APPLICATION NUMBER FILING/RECEIPT DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NO /TITLE

005514 00.2771351 EST. CATRICE COLLA HACRER & SCINTO 30 ROCKEFELLER PLAZA MEW YORK BY 10112-0801

miDT (edicitieNb.)

2814

DATE MAILED:

·**3**/31/99

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

| avoid abandonment. Exten 37 CFR 1:136(a). If any of if for a small entity in comp to this NOTICE to avoid all fall required items on the small entity (statement). | sions of time may be obtaine tems 1 or 3 through 5 are inclinance with 37 CFR 1.27, or bandonment. his form are filed within the tiled) one-small entity | to this application. The items indicated below, however, are missing. Applicant DTICE within which to file all required items and pay any fees required below to do by filing a petition accompanied by the extension fee under the provisions of dicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.0 \$130.00 for a non-small entity, must also be timely submitted in replace period set to total amount owed by applicant as a | o of |
|---|--|---|---------|
| □ 1. The statutory basic □ missing. □ missing. □ insufficient. Applicant must suble claiming such statu. □ 2. The following additional in the subject of th | filing fee is: mit \$ s (37 CFR 1 27) | to complete the basic filing fee and/or file a small entity statement | |
| | fortotal c | laims over 20. | |
| | forindepe | | |
| Applicant must eith Applicant must eith 3. The oath or declarate of one not cover! An oath or declarate the above Applicatio the signature(s) to to 1.43 or 1.47. A properly signed of Application Number | for multiple dependent claimer submit the additional claimer. signed. he newly submitted items. on in compliance with 37 Claim Number and Filing Date in the oath or declaration in compliance with or declaration in compliance in compliance. | n surcharge. im fees or cancel additional claims for which fees are due. FR 1. 63, including residence information and identifying the application by sequired. by a person other than inventor or person qualified under 37 CFR 1.42, nce with 37 CFR 1.63, identifying the application by the above | , |
| | | missing from the oath or declaration: | |
| □ 6. A \$50.00 processing □ 7. Your filing receipt was □ 8. The application was f Applicant must file a | ig this application by the ab If fee is required since you Is mailed in error because you I led in a language other that I verified English translation | IR 1.63 listing the names of all inventors and signed by the omitted ove Application Number and Filing Date, is required. It check was returned without payment (37 CFR 1.21(m)). but check was returned without payment. In English. of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless ranslation is accurate (37 CFR 1.52(d)). | |
| Direct the reply and any que | estions about this notice to ' | Attention: Box Missing Parts." | ./ |
| * ` | | MUST be returned with the reply. | |
| nitial Patent Examination D | ivision (703) 308-1202 | • | |